

**USDA, Agricultural Marketing Service  
Science and Technology Program  
Plant Variety Protection Office  
10301 Baltimore Avenue  
Room 401, NAL Building  
Beltsville, Maryland, USA 20705  
(301) 504-5297**

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### Privacy Act Advisory Statement

The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with the request for information solicited on the Credit Card Payment Form (ST 471). Accordingly, pursuant to the requirements of the Act, please be advised that: (1) the authority for the collection of this information is 15 U.S.C. § 1113 or 35 U.S.C. § 41 and 37 CFR 1.16-1.28, 1.492, or 2.6-2.7; (2) furnishing of the information solicited is voluntary; and (3) the principal purpose for which the information is used by the PVPO to charge the appropriate fee amount to the appropriate credit card account. If you do not furnish the requested information, the PVPO may not be able to charge the fee to the credit card or the credit card institution may refuse to accept the charge, either of which will result in the fee being treated as not having been paid.

### Instructions for completing the Credit Card Payment Request Form

- PVPO does not accept debit cards or check cards that require use of a personal identification number as a method of payment.
- Enter all credit card information including the payment amount to be charged to your credit card and remember to sign the form. The Plant Variety Protection Office (PVPO) cannot process credit card payments without an authorized signature.
- Please list each service separately. Payment must be received in the PVP Office prior to performance of the service. Send your request directly to a secure fax line at 301-504-5291 or call the office at 301-504-5518. Ask to speak to the collections representative. You have the option to phone, fax, or mail your CREDIT CARD information (Visa, Master Card, Discover, and American Express).
- For copies, please list the number of pages and whether each page is to be authenticated. \*\*You can get the page count per certificate from <http://www.ars-grin.gov/cgi-bin/npgs/html/pvplist.pl>.
- In order to process a credit card transaction we require that you provide us with the 3-digit code found on the back of the card. For security reasons, please include this information by either calling the office at 301-504-5518 or by sending it via email to PVPOmail@usda.gov.
- For a full explanation of fees, see the Regulations and Rules of Practice under the Plant Variety Protection Act, especially Section 97.175.

**Fee Schedule - The listed fees are from the fee schedule in effect on October 17, 2005.**

<b>Service</b>	<b>Cost</b>	<b>Unit</b>
Filing appeal to the Secretary	\$4,942.00	Per application/certificate
Filing a protest to the Commissioner	\$4,118.00	Per application/certificate
New application filing plus examination fees	\$4,382.00	Per application
Certificate issuance fees	\$768.00	Per application
Submission of new data after recommendation to issue but before issuance	\$432.00	Per application
Revival of abandoned application	\$518.00	Per application
Correcting or re-issuance of a certificate	\$518.00	Per certificate
Additional fee for reconsideration	\$518.00	Per application
Granting of extension	\$89.00	Per application/certificate
Recordation fee	\$41.00	Per application/certificate
Copies of color photographs	\$41.00	Per application/certificate
Late fee	\$41.00	Per application/certificate
Seed replenishment fee	\$38.00	Per application/certificate
Copies	\$1.80	Per page of material
Additional fee for authentication of copies	\$1.80	Per page of material
Field inspection or other services requiring travel	Actual costs	
Other services, including training classes	\$107.00	Per hour, and per examiner

# Request for Services

## Plant Variety Protection Office

USDA, AMS, S&T  
NAL Building, Room 401  
10301 Baltimore Blvd.  
Beltsville, MD 20705

Phone 301-504-5518 Fax 301-504-5291  
E-mail: PVPOmail@usda.gov

DATE: \_\_\_\_\_  
(Month/Day/Year (ie. 03/15/2005))

### CREDIT CARD INFORMATION (BY PHONE, FAX OR PAPER MAIL):

Cardholder's Name: \_\_\_\_\_  
(Please Type or Print Name as it appears on the Card)

Card type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Account Number: \_\_\_\_\_ 3-digit code \_\_\_\_\_

Billing Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

County \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

### REQUESTED ON BEHALF OF: (SKIP IF SAME AS CARDHOLDER)

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Service Requested	PV Number	Crop Kind/Species	Variety Name/Designation	Copies (# of Pages) <a href="#">**See GRIN Database</a>	Unit Price	TOTAL

### For Plant Variety Protection Office Use Only:

Date Paid: \_\_\_\_\_

Agency Tracking ID: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

PVP Personnel: \_\_\_\_\_

TOTAL \$